



FORM 941/C1-ME

2010

QUARTER # \_\_\_\_\_

Name: \_\_\_\_\_

MAINE REVENUE SERVICES  
MAINE DEPARTMENT OF LABOR  
COMBINED FILING FOR INCOME TAX WITHHOLDING  
AND UNEMPLOYMENT CONTRIBUTIONS



99

\*1008520\*

Withholding Account No: \_\_\_\_\_

UC Employer Account No: \_\_\_\_\_

Period Covered: \_\_\_\_\_

File On or Before: \_\_\_\_\_

**Part One - Income Tax Withholding**

1. Maine income tax withheld this quarter (from Schedule 2/C1, line 19b)  
(Semiweekly filers complete Schedule 1/C1 on reverse side).....1. \$ \_\_\_\_\_
2. Less any semiweekly payments (From Schedule 1/C1, line 13 on reverse side)  
(See instructions for Schedule 1/C1 on page 7).....2. \$ \_\_\_\_\_
3. Income tax withholding due (line 1 minus line 2).....3. \$ \_\_\_\_\_

A. Number of payees subject to  
Maine income tax withholding: \_\_\_\_\_

**Part Two - Unemployment Contributions Report**

Seasonal Code: \_\_\_\_\_

Seasonal Period: \_\_\_\_\_ - \_\_\_\_\_

- |  | 1st Month | 2nd Month | 3rd Month |
|--|-----------|-----------|-----------|
| 4. For each month, enter the total of all full-time and part-time workers who worked during, or received pay reportable for unemployment insurance purposes for the payroll period which includes, the 12th of each month. If you had no employment in the payroll period, enter zero (0) ..... 4. | _____     | _____     | _____     |
| 5. Number of female employees included on line 4. If none, enter zero (0)..... 5.  | _____     | _____     | _____     |
| 6. Total Unemployment Compensation Gross Wages Paid this quarter (from Schedule 2/C1, line 19a) ... 6.   | \$ _____  | \$ _____  | \$ _____  |
| 7. DEDUCT EXCESS WAGES (SEE INSTRUCTIONS ON PAGE 6)..... 7.<br><b>NOTE:</b> THE TAXABLE WAGE BASE IS \$12,000 FOR EACH EMPLOYEE.   | \$ _____  | \$ _____  | \$ _____  |
| 8. Taxable wages paid in this quarter (line 6 minus line 7)..... 8.  | \$ _____  | \$ _____  | \$ _____  |
| 9a. UC Contribution rate _____ UC Contributions due (line 8 times line 9a).. 9b.   | \$ _____  | \$ _____  | \$ _____  |
| 9c. CSSF rate .0006 CSSF Assessment (line 8 times line 9c)..... 9d.<br><b>Note: The CSSF Assessment does not apply to direct reimbursable employers. See instructions.</b>   | \$ _____  | \$ _____  | \$ _____  |
| 10. Total Contributions and CSSF assessment due (line 9b plus line 9d)..... 10.  | \$ _____  | \$ _____  | \$ _____  |

**Part Three - Calculate the Total Amount Due**

11. Amount due with this return (line 3 plus line 10) ..... 11. \$ \_\_\_\_\_

**See Page 8 for Electronic Filing and Payment Requirements and Options****Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Contact person email: \_\_\_\_\_

**For Paid Preparers Only**

Paid Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Firm's Name (or yours, if self-employed): \_\_\_\_\_

Address: \_\_\_\_\_

Paid Preparer EIN: \_\_\_\_\_

Maine Payroll Processor License Number: \_\_\_\_\_

**Make check payable to:**  
Treasurer, State of Maine

**Mail return and check to:**  
Maine Revenue Services  
P.O. Box 9103  
Augusta, ME 04332-9103



Office use only \_\_\_\_\_ PWD \_\_\_\_\_



Period Covered: 



\* 1 0 0 8 5 2 1 \*

### Reconciliation of 900ME Voucher Payments or Electronic Payments of Income Tax Withholding

For employers or non-payroll filers required to remit withholding taxes on a semiweekly basis (see instructions).

[illegible]

12. Withholding Amount this Quarter

Subtotal A.....\$      ,      ,      .     Subtotal B ..... \$      ,           ,           .     Subtotal C ..... \$      ,           ,           .     

Total (Enter on Form 941/C1-ME,  
line 1).....\$            ,            ,            .           

13. Payment Amount this Quarter

Subtotal A.....\$

Subtotal B.....\$

Subtotal C.....\$

Total (Enter on Form 941/C1-ME,  
line 2).....\$

**For the Third Quarter Only: all employers or non-payroll filers, please check if applicable:**

☐ I file my return electronically or my return is prepared by a tax preparer and I do not need Maine tax forms mailed to me next year.

For Field Advisor Use:

# SCHEDULE 2/C1 (FORM 941/C1- ME) 2010



Name: \_\_\_\_\_

Withholding Account No.: \_\_\_\_\_ UC Employer Account No.: \_\_\_\_\_

\*1008522\*

Period Covered: \_\_\_\_\_ - \_\_\_\_\_

## Quarterly Income Tax Withholding and Unemployment Compensation Wages Listing

All employers designated SEASONAL by Department of Labor, see instructions for column 16 on page 7.

INCOME TAX WITHHOLDING

Maine Income Tax  
17. Withheld in the Quarter

14. Payee Name (Last, First, MI)	15. Social Security Number	16. UC Gross Wages Paid	17. Withheld in the Quarter
a. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
b. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
c. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
d. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
e. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
f. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
g. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
h. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
i. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
j. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
k. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
l. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
m. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
n. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
o. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
p. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
q. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
r. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
s. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
t. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
u. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
v. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____
w. _____	_____ - _____ - _____	\$ _____ , _____ . _____	\$ _____ , _____ . _____

18. Total of columns 16 and 17 on this page ..... 18a. \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ 18b. \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

19. Total of columns 16 and 17 for ALL pages..... 19a. \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_ 19b. \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_